PTO/SB/17 (06-07)

Under the perwork Reduc	tion Act of 1995	, no person are required		. Patent and Trade	proved for use through (emark Office; U.S. DEF pation unless it displays	PARTMENT C	F COMMERCE	
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				n Number	10/718,765-Conf. #1461			
FEE TRANSMITTAL				е	November 21, 2003			
1				ed Inventor	Rima KADDURAH-DAOUK			
For FY 2007				Examiner Name J. S. Lunc			ren	
X Applicant claims small entity status. See 37 CFR 1.27					1639	39		
TOTAL AMOUNT OF PAYMENT (\$) 905.00				Oocket No.	AVZ-001CPUSCN2RCE			
METHOD OF PAYMEN	T (check all t	hat apply)				•		
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP								
For the above-ident	ified deposit	account, the Directo	r is hereby au	thorized to: (ch	neck all that apply)			
x Charge fee(s)	indicated be	low		Charge fee(s)	indicated below, ex	cept for t	he filing fee	
Charge any a fee(s) under	dditional fee(37 CFR 1.16	s) or underpayment and 1.17	s of X	Credit any ove	rpayments			
FEE CALCULATION								
1. BASIC FILING, SEARCH	•		*					
	FILIN		SEARCH FEI		INATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	<u>Small I</u> (\$) Fee		Small Entity Fee (\$)	Fees I	Paid (\$)	
Utility	300	150 50	00 25	0 200	100	-		
Design	200	100 10	00 5	0 130	65			
Plant	200	100 30	00 15	0 160	80			
Reissue	300	150 50	00 25	0 600	300			
Provisional	200	100	0	0 0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description Each claim over 20 (includ	ing Reissues)				Fee (\$) 50	Fee (\$) 25	
Each independent claim ov	_					200	100	
Multiple dependent claims		.g recouncy				360	180	
•	Claims I	Fee (\$) Fe	e Paid (\$)		Multiple Depende			
	0 x	=	(4)	_		Fee Paid (_	
HP = highest number of total cla	ims paid for, if g	reater than 20.						
	Claims I	Fee (\$) Fe	ee Paid (\$)	_				
Z -3 = HP = highest number of indepen		for, if greater than 3.		_				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)							Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00 2253 Extension for response within third month 510.00								
		zogjextension for	response Wi	umi uma mo	IIIII		10.00	

SUBMITTED BY	1 1	<u> </u>	<u> </u>					
Signature	T IM	MMA		Registration No. (Attorney/Agent)	53,623	Telephone	(617) 227-7400	
Name (Print/Type)	Cynthia M	1. Soroos				Date	July 6, 2007	
								_

Express	Mail Label	No. EV	956 47	4 505 US	Dated: July 6	8. 2007
-np.000					Datou. oury	J, 2001

Express Mail Label No. EV 956 474 505 US Dated: July 6, 2007

Docket No.: AVZ-001CPUSCN2RCE

(PATENT)

JUL U 6 2007 84

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In research Application of:

Application of:

Application of:

Application No.: 10/718,765

Filed: November 21, 2003

Art Unit: 1639

For: USE OF CREATINE OR CREATINE

ANALOGS FOR THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM

Examiner: J. S. Lundgren

Confirmation No.: 1461

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

AVZ-001CPUSCN2RCE

Please reference AVZ-001CPUSCN2RCE on all future correspondence.

Dated: July 6, 2007

Respectfully submitted,

Cynthia M. Soroos

Registration No.: 53,623

LAHIVE & COCKFIELD, LLP

One Post Office Square

Boston, Massachusetts 02109-2127

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant